

GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO DIVISION
P.O. BOX 49728
ATLANTA, GA 30359

(404) 417-4870

ALCOHOL LICENSE RENEWAL APPLICATION

(Read Instructions Before Completing)

STATE TAXPAYER IDENTIFIER	RENEWAL FOR YEAR	TOTAL FEE \$	AFTER TOTAL FEE \$	LICENSE NUMBER
LEGAL BUSINESS NAME		DBA		
NUMBER AND STREET		NUMBER AND STREET		
NUMBER AND STREET (ADDITIONAL SPACE)		NUMBER AND STREET (ADDITIONAL SPACE)		
CITY STATE ZIP		CITY STATE ZIP		
AREA CODE TELEPHONE ()	COUNTY	AREA CODE TELEPHONE ()	COUNTY	
OWNERSHIP TYPE	DATE OF INCORPORATION	STATE OF INCORPORATION		
FEI NUMBER	SALES TAX NUMBER	GA. WITHHOLDING NUMBER		

RELATIONSHIP SECTION

TYPE	NAME	HOME/LOCATION ADDRESS	SOC. SEC. NUMBER

ALCOHOL LICENSE SECTION

ALCOHOL LICENSE NUMBER	LICENSE TYPE	TYPE OF BUSINESS
LOCAL LICENSE ISSUED BY	PRODUCTS SOLD <input type="checkbox"/> BEER <input type="checkbox"/> WINE <input type="checkbox"/> LIQUOR	

DURING THE PREVIOUS TWELVE MONTHS HAVE YOU, THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION HAS BEEN MADE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY OFFENSE BY ANY STATE, COUNTY, CITY, FEDERAL OR FOREIGN OFFICER, OR ANY OTHER GOVERNMENTAL AUTHORITY? ☐ YES ☐ NO

IF "YES" GIVE FULL DETAILS. (Failure to make full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason whatsoever, is forthcoming subsequent to the grant of the license.)

(If necessary attach additional sheets to respond completely)

DOES THE LICENSEE, CORPORATION, OWNER, OR ANY PARTNER HAVE ANY INTEREST IN OR CONTROL OVER ANY OTHER BEVERAGE ALCOHOL BUSINESS IN THE STATE OF GEORGIA? ☐ YES ☐ NO

SIGNATURE SECTION

NOTE: BEFORE SIGNING THIS APPLICATION, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT ALL QUESTIONS ARE ANSWERED FULLY AND CORRECTLY. THIS APPLICATION IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HERewith. APPLICANT UNDERSTANDS THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION IS CONDITIONED UPON THE TRUTH OF THE ANSWERS AND STATEMENTS MADE HEREIN AND THAT ANY FALSE ANSWERS AND STATEMENTS HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH WOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTIONS CONTAINED ON THIS APPLICATION, OR ANY PERSONNEL STATEMENT WHICH IS MADE A PART OF THIS APPLICATION, SUCH CHANGE MUST BE REPORTED AS AN AMENDMENT TO THIS APPLICATION AS SPECIFIED BY REVENUE DEPARTMENT REGULATIONS. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSE FOR THE REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. INDICATE HERE THAT THIS IS FULLY UNDERSTOOD. IF THERE HAS BEEN CHANGE IN THE ABOVE INFORMATION DURING THE PAST YEAR (EXCEPT FOR MAILING ADDRESS), DO NOT CHANGE THIS FORM. THIS INCLUDES OWNERSHIP, FINANCIAL, CONTRACTUAL, BUSINESS, OR ANY OTHER BENEFICIAL INTEREST. IN SUCH CASE YOU MUST OBTAIN FROM THE DEPARTMENT AND RETURN AN APPROPRIATE APPLICATION FORM. YOUR SIGNATURE ON THE ENCLOSED RENEWAL APPLICATION FORM CERTIFIES THAT YOU HAVE PERSONALLY FURNISHED ALL REQUIRED INFORMATION AND THAT SUCH INFORMATION IS STILL TRUE AND CORRECT.

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE.

Signature

Title

Date

(Must be signed by licensee. If licensee is corporation, LLC, etc., authorized officer or managing member may sign.)

I HEREBY CERTIFY THAT _____ IS PERSONALLY KNOWN TO ME, THAT SAID APPLICANT SIGNED THE FOREGOING APPLICATION AFTER STATING TO ME PERSONAL KNOWLEDGE AND UNDERSTANDING OF ALL STATEMENTS AND ANSWERS MADE HEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE.

THIS _____ DAY OF _____, _____, _____
Notary Public

FOR OFFICE USE ONLY

TOTAL FEE PAID \$ _____

☐ REGISTRATION STATUS _____

☐ REGISTRATION REASON _____

STATE LICENSE NUMBER _____

ISSUE DATE _____